

05cv 875JR

To Clerk


The Defendant in The instant
Case was not served altho
his name was corrected
I didn't know if I should
supply you with another 285
were the last one was not
served Lisa Barchi Did
Correct his name James Gardels
if This is not needed please
disregard

Thank you for your time



Monty Pepper

Feb 14 2006

FILED
FEB 17 11 56 AM '06
CLERK, U.S. DISTRICT COURT
DISTRICT OF DELAWARE
Scanned


U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF <u>Monty Pepper</u>	COURT CASE NUMBER <u>05-084-JJF</u>
DEFENDANT	TYPE OF PROCESS <u>Civil</u>

SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <u>James Gardels</u>
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <u>Delcorrectional Center 1181 Paddock Rd Smyrna Del 19977</u>

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

☐ Monty Pepper
1181 Paddock Rd
Smyrna Del 19977

Number of process to be served with this Form - 285	<u>1</u>
Number of parties to be served in this case	<u>5</u>
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Paulper

Fold

Signature of Attorney or other Originator requesting service on behalf of:

☐ PLAINTIFF
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service	Time	am
		pm

Signature of U.S. Marshal or Deputy

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

IM M Pepper
SBI# 156920 UNIT D4
DELAWARE CORRECTIONAL CENTER
1181 PADDOCK ROAD
SMYRNA, DELAWARE 19977

U.S.M.S.
X-RAY



Office of The Clerk
U.S. District Court
844 N King Street Lox Box 18
Wilmington Del
19801-3570

